

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90240 028 ***150.00

DOCUMENT # P01000100247
1. Entity Name
NOTEY MANAGEMENT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4205 S.W. 110th TERRACE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.,

DO NOT WRITE IN THIS SPACE

City & State
DAVIE, FL
Zip
33328
Country
BROWARD

City & State
Zip
Country

4. FEI Number
65-1148944
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RICHARD NOTEY
Street Address (P.O. Box Number is Not Acceptable)
4205 S.W. 110th TERRACE
City
DAVIE FL Zip Code
33328

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>RICHARD NOTEY</u> <u>4205 S.W. 110th TERRACE</u> <u>DAVIE, FL 33328</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>RICHARD NOTEY</u> <u>4205 S.W. 110th TERRACE</u> <u>DAVIE, FL 33328</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S-T</u> <u>RANDY NOTEY</u> <u>4205 S.W. 110th TERRACE</u> <u>DAVIE, FL 33328</u>
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard U APRIL 24, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)